

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): TELEPHONE NO. (Optional): _____ FAX NO. (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF _____ STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT:	
RESPONSE TO PETITION FOR PROTECTIVE ORDERS (Elder or Dependent Adult Abuse) (CLETS)	
HEARING DATE: _____ TIME: _____ DEPT., ROOM, OR DIVISION: _____	CASE NUMBER: _____

- This response will be considered by the judge at the court hearing. You must still obey any orders granted until the hearing.
- If you do not appear at the court hearing, the court may grant the requested orders, which may last up to three years without further notice to you.

I respond to the *Petition for Protective Orders (Elder or Dependent Adult Abuse) (CLETS)* as follows:

1. ☐ **RESTRAINING ORDER**

- a. ☐ I consent to the order requested in the petition.
 b. ☐ I do not consent to the order requested in the petition.
 c. ☐ I consent to the following order (specify):

2. ☐ **RESIDENCE EXCLUSION ORDER**

- a. ☐ I consent to the order requested in the petition.
 b. ☐ I do not consent to the order requested in the petition.
 c. ☐ I consent to the following order (specify):

3. ☐ **STAY-AWAY ORDER**

- a. ☐ I consent to the order requested in the petition.
 b. ☐ I do not consent to the order requested in the petition.
 c. ☐ I consent to the following order (specify):

4. ☐ **OTHER ORDERS** (see item 14 of the *Petition for Protective Orders (Elder and Dependent Adult Abuse)* (form EA-100))

- a. ☐ I consent to the order requested in the petition.
 b. ☐ I do not consent to the order requested in the petition.
 c. ☐ I consent to the following order (specify):

(Continued on reverse)

PETITIONER:	CASE NUMBER:
RESPONDENT:	

5. ☐ **ATTORNEY FEES AND COSTS**

- a. ☐ I request the court to order payment of my attorney fees if I win.
- b. ☐ I request the court to order payment of my out-of-pocket expenses incurred as the result of an ex parte temporary restraining order issued without sufficient facts. The expenses are:

Item

Amount

6. ☐ **ADDITIONAL ORDERS**

I request the following additional orders:

7. ☐ **FACTS SUPPORTING THIS RESPONSE:**

☐ Supporting information is contained on the attached declaration. *(You may use form MC-031.)*

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF ATTORNEY)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE OF RESPONDENT)